

UNSUSPECTED LEAD POISONING IN CHILDREN.

By JOHN BROWN, M.D., D.S.ScI.,
Medical Officer of Health, Bacup.

ALTHOUGH the literature of plumbism is so voluminous, yet very little has been written as it regards the influence of lead in children. In no work specially devoted to diseases of children can any reference to plumbism be found. For about three years I have devoted considerable attention to plumbism due to water contamination from lead service pipes. In 1888 my attention was drawn to the fact that young children may suffer from plumbism—this is only what might be expected. By careful research I found about a dozen cases recorded, but nothing very striking in connection with the reports.

I am not aware that the blue line in the gums has been observed in children during the first dentition; when present it is a pathognomonic symptom of plumbism. Its absence does not prove the contrary. In children tartar is rarely present compared with adults. This is the reason why the blue line is so seldom found in children. I have notes of four children under 5 years, in whom the blue line was present; also eighteen over 5 and under 10 years; total under 10 years, twenty-two; 10 and under 15 years, twenty cases. Besides these forty-two in which the blue line was present, there were others who were suffering from plumbism in whom no blue line could be found because the teeth were kept free from tartar. In *Brain*, April, 1878, Dr. Buzzard reports a case of well marked lead palsy in which the blue line was absent, due, as Dr. Buzzard believes to the exceeding care which the patient had taken to keep the teeth clean. In adults the blue line is most commonly observed in the gums of the incisors and molars. In children the gums of the incisors are often free, but the blue line may be observed on the gums of the molars. It is often associated with a peculiar form of caries, which attacks the crowns of the molar teeth at their junction with the fang. The surface or cusps of the teeth are sound; there is a cavity about 2 millimètres in diameter, which offers a nidus for food to lodge in. The food is decomposed probably by saprophytes and sulphuretted hydrogen is formed which combines with the albuminate of lead, and is deposited as the sulphide in the capillaries of the papillæ of the gums. The nature and mode of origin of the blue line in the gums are given in the *Medico-Chirurgical Journal*, vol. lix, 1876, page 327, by the late Dr. Fagge. Having made microscopical examination of the blue line I can confirm his views. The line is not continuous, but consists of a series of blackish brown dots, full of minute granules. Each dot is distinct from its fellow.

In twenty-one adults I observed blue patches on the mucous membrane inside the lips and cheeks. In every case it was opposite the deposit of tartar. Dr. Dobie, of Chester, reported two cases in which there were blue patches on the mucous membrane in adults,¹ and he thought it was due to abrasion of the cheeks. From my observations of the twenty-one cases referred to, I am convinced that it is due to the tartar on the teeth. The following is an interesting case. A child, aged 6 years, had the mucous membrane deeply pigmented. The first lower molar on the right was displaced, the fang projecting against the cheek had caused an ulcer which was free from blue pigmentation, but a blue line was on the gums, proving that abrasion is not sufficient to cause pigmentation.

Children are not so susceptible to the toxic influence of lead as persons between the ages of 15 and 50 years. Above and below those ages lead rarely produces the more severe symptoms of plumbism. In children, mercury, antimony and arsenic are known to be tolerated in comparatively large doses. This tolerance of lead in young children is probably due to lead being a nerve poison, and acts primarily on the nuclei of the nerve cells, especially the motor nerve cells. It is noteworthy how slight the symptoms of plumbism are in children in families where the adult members suffer from the most severe forms of the disease. In one house the father and mother were both suffering from lead palsy, colic, constipation, absence of the knee-jerk. The mother had saturnine epilepsy. Two children, aged 7 and 9 years, had the dark blue line; neither suffered from any symptoms calling for treatment. The water used for dietetic purposes by this family was largely polluted with lead. The chief symptoms of plumbism in children are constipation, colic, frontal headache, anæmia, ab-

sence of the knee-jerk—this is not constant. In one case it was excessive. There was only one severe case out of forty-two; this was a child aged 4 years. There was dark blue on the gums, severe colic, obstinate constipation, difficult and painful micturition, marked anæmia, tremor of the legs, which was followed by paresis and ultimately paralysis. The father was suffering from plumbism; he had colic, constipation, epileptic convulsions, loss of vision, paralysis of arms, paresis of legs. The mother of the child was also very ill, but had no lead palsy. On analysis the water supply contained $1\frac{1}{2}$ grain of lead per gallon. Under treatment the child made a slow recovery. The symptoms of plumbism in children are usually so slight that they may be easily overlooked. Anæmia is the most common symptom, and is generally well-marked.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.,

IMPERFORATE RECTUM: OPERATION: CURE.

Mrs. M., primipara, was delivered of a male child late on the evening of January 16th. On inquiry next day I found that the child had passed water quite freely, but no motion of any kind; the nurse had given the child a few drops of castor oil. On visiting my patient on the second day I found that still the child had passed nothing, but seemed fairly comfortable. I directed the nurse to use a small soap suppository, and arranged to see the child again the same evening. When I called in the evening I found that there was still no motion; the child was straining very much, and had vomited on two or three occasions. Suspecting that all was not right, I passed my little finger through the sphincter (which was perfect), and found that the rectum was merely a *cul-de-sac* about an inch and a half in length; but that when the child strained the impulse came direct upon the tip of the examining finger. Having obtained the parents' consent, I decided to operate, with the assistance of my friend Dr. H. Wright. I accordingly guided a small trocar and cannula to the spot where the impulse from above was felt, and, upon piercing the end of the *cul-de-sac*, had the satisfaction of seeing the meconium ooze through the cannula, showing that I had struck the bowel above. Having the parts held aside by a small fenestrated speculum, I next incised crucially, radiating from the puncture of the trocar, and, on passing my finger through the opening thus made, found that the bowel was patent and quite normal beyond. The child had several copious motions, and seemed much relieved. In spite of daily dilatation with the finger, the opening had by March 22nd contracted considerably, and straining had returned. I therefore forcibly dilated the constriction with several fingers in turn, and repeated the operation at lengthening intervals for several months. The straining entirely ceased after a very few dilatations. At the present time the rectum is perfectly patent throughout; no constriction is to be felt, merely a slight corrugation on the walls of the rectum at the point where the constriction was.

GEO. A. S. GORDON, M.A., L.R.C.P., L.R.C.S.Ed., L.F.P.S.Glas.
Gainsborough.

MAJOR OPERATIONS ON OLD SUBJECTS.

Mrs. B., aged 80, a plucky but infirm old lady, injured her left elbow in the summer of 1888. In March, 1889, when first seen by my partner, Dr. Moore, and myself, the left arm was much swollen, and there was a free discharge of thin pus from two or three sinuses about the elbow-joint. On June 12th a circular amputation was performed in the middle of the arm. This step was rendered advisable by the continuance of severe pain and the fact that the patient was failing fast. The joint was found to be disorganised. The wound was kept aseptic, and united by first intention. On the second day the temperature reached 99.4°. On no other day did it exceed the normal. Convalescence was uninterrupted, and on the fourteenth day the patient was able to leave her bed. I heard from her in December; she was then in good health and spirits, having just celebrated her eighty-first birthday.

F. FAULDER WHITE, M.R.C.S., L.R.C.P.

Coventry.

¹ JOURNAL, vol. i, 1886, p. 20.

FRACTURE OF CORACOID PROCESS.

THE case of fracture of the coracoid process recorded by Dr. Gabb in the JOURNAL for November 30th reminds me of one which occurred in my practice a couple of years ago; and as the accident is recognised to be a comparatively rare one the subjoined particulars may be of interest.

Five or six men were returning from a race, where they had been enjoying themselves "not wisely but too well," when a dispute arose, and one of their number, a rather corpulent man, whilst endeavouring to catch his neighbour's horse by the head, was struck by the shaft of the car. He was conveyed home, and no further attention paid him till next day, when I saw him, and found marked discoloration in the vicinity of the coracoid process, great tenderness on pressure, crepitus on applying the stethoscope and at the same time rotating the arm, and severe pain on trying to move the arm inwards and upwards. The shoulder was brought forwards, the arm bandaged to the side, and the forearm, somewhat elevated, was kept in close apposition to the chest by means of a sling passing under the opposite axilla. The patient was able to do some work in eight weeks, but complete movement was not restored for over twelve months. I cannot say whether the union is really bony or merely ligamentous, as a *post-mortem* examination would be required to decide that.

Ferns, Co. Wexford.

G. E. J. GREENE.

HÆMATOMA OF THE NASAL SEPTUM.

A BOY, aged 7, was brought to the West London Hospital on August 18th, 1888, said to be suffering from polypus of the nose. The nose was much enlarged in consequence of each nostril being occupied by a smooth reddish tumour, which protruded beyond the orifice, completely occluding the passage and pressing out the ala on each side. The tumours were nearly symmetrical, that on the right side being slightly larger than that on the left. They had a soft fluctuating feel, and could be seen to merge in the septum just above the columna. No fluctuation could be made out from the tumour on one side to that on the other. There was no pain or tenderness.

The history was that the boy had a fall on the nose three weeks previously which caused his nose to bleed, and slightly abraded the skin of the tip. A few days after this the swellings were noticed, and they had gradually increased till the date of his coming to the hospital. There seemed no doubt that the case was one of hæmatoma or abscess of the septum, and the absence of pain and tenderness pointed to the former.

The boy was kept in bed for a few days, and an evaporating lotion applied. The swelling began to subside at once, and on September 1st he could breathe through the nose. On September 15th the swellings had completely subsided. The dorsum of the nose was somewhat flattened below the level of the nasal bones, and the lower margin of the nasal bones in the middle line projected very slightly, owing to a dislocation of the cartilage at this point. The cartilaginous septum was deviated to the left at the fore part.

JAMES B. BALL, M.D.,

Physician to the Throat Department, West London Hospital.

A CURIOUS CASE OF OCCLUSION OF THE CHOANÆ.

TWO cases of such I described in connection with a paper on rhinoscleroma read at the last meeting of the Association at Leeds, and incidentally alluded to the one now in question, a short description of which may be of interest.

Miss R., aged 20, after an attack of scarlet fever at the age of 7 years noticed obstruction of right nares, and about the same time suffered from what appears to have been dacryo-cystitis ending in epiphora of right eye. January, 1889, suffered from severe attack of inflammation in right ear, resulting in chronic otorrhoea with deafness from same. A muco-purulent offensive discharge from right nostril from first.

Anterior rhinoscopy of right nares showed entire disappearance of lower turbinated bone, whose figure and structure was effaced. About the middle of the space was seen a pale white membrane, rising from the floor of the nose attached to the lateral wall of the cavity and the septum, and curving up towards the inferior extremity of the nasal bone, forming a complete transverse curved partition of the space. After careful cleansing from discharge a small pin-point aperture was discovered at its centre.

Posterior rhinoscopy showed as complete a synechia reaching from vomer to the lateral wall and completely blocking posterior right nares.

The treatment consisted after the use of cocaine in effecting destruction of the membrane with galvano-cautery. After effacing anterior synechia, part of which was osseous, this was found distinct and separate from the posterior membrane, which was found harder and more difficult to get at, but yet successfully dealt with. After the nostril was brought into a more healthy condition the otorrhoea ceased, the perforation of drum healed, and hearing returned completely. The epiphora was dealt with in the usual way, although it would seem that the lower end of the lachrymal duct has become involved in the surrounding sclerosis. The restoration of nasal respiration and cessation of discharge from nostril and ear has greatly improved the general constitutional state.

Has this nostril been the site of the peculiar condition named rhinoscleroma, and which has become exhausted?

Very few, if any, of such cases have been observed or reported upon prior to the reference to this in August last.

Newcastle-upon-Tyne.

WM. ROBERTSON, M.D.

CYCLIC HÆMATURIA OF FOUR YEARS' DURATION IN A WOMAN AGED 63.

NEARLY two years ago a patient was sent to me by Dr. Fairweather, of Wood Green, with the following interesting history and physical signs: The patient, a widow now for 10, had been married 30 years, and had never been pregnant. Menstruation, established at the age of 11, ceased when she was 51. For eight years after the cessation of menstruation patient was perfectly well. Since the age of 59 she has noted that every four weeks the urine becomes deeply tinged with blood, and this discoloration lasts from eight to ten days, after which the urine assumes again its normal appearance and continues clear, and to all intents and purposes healthy, until the lapse of four weeks, when blood reappears in the urine and again continues to be discharged for eight or ten days. The discoloration is most marked during the first two days of each periodic recurrence, and during these days small clots are occasionally passed. For two or three days before each recurrence of blood in the urine patient complains of aching pains in the front of both thighs and a feeling of distension of the "stomach." There is no pain nor trouble with the water during the inter-hæmorrhagic period, neither is there pain, but a less frequent desire to pass water, during the time that blood is present in the urine; there is, in fact, at this time apparently a blunting of that sensation which calls forth the desire to empty the viscus of its contents.

I have drawn off the urine in this case during an inter-hæmorrhagic period and also during the time that patient has been "poorly," and have thereby been enabled to verify the clinical history as related. For four weeks the urine is, as far as one can judge, healthy, for from eight to ten days it contains blood. The microscopic examination of the urine during the period of hæmorrhage reveals red blood corpuscles in profusion and a very few white. On one occasion I detected two large round cells, one of which appeared to be in the state of dividing into two. These cells were not characteristic. On December 13th, 1889, I saw the patient again; the clinical history and physical signs are just as they were when I first saw her, and she complains of nothing but depression during the time that she is "poorly," the term which she applies to the period during which there is blood in the urine. There has been no loss of flesh nor alteration in the constitutional vigour in any way, for during the inter-hæmorrhagic period she is as active and as fit for duty as ever. The patient will not at present, being, as she says, perfectly well, submit to an exploration of the bladder. Still I cannot help but think that such a clinical history and the associated physical signs are independent of the existence of a new growth. The case is to my mind a very anomalous one, and I am unable at this juncture in the evolution of gynecology to offer any suggestions regarding its associations.

JAMES OLIVER, M.D., F.R.S. Edin.

Gordon Square, W.C.

POISONING BY COAL FUMES AND SMOKE.

ON December 17th I was asked by Dr. Anderson, of Canonbie, to see two lads who had been poisoned by fumes from a stove. M. A., aged 15, and J. J., aged 19, went to bed at 10 P.M. in a room containing about 1,000 cubic feet of air. There was a small stove in the room, the pipe from which was broken as it passed through the wall close to the stove. The door being shut there was no opening

into the room. When they went to bed they lit the stove and filled it with coals. At 5.30 A.M. they were found in bed unconscious, bathed in perspiration, and the room was full of smoke.

When Dr. Anderson saw them at 7 A.M. they were lying where they had been found, but the door had been open, and though the smoke had disappeared the atmosphere in the room was stifling. They were at once removed to the kitchen, to which air was freely admitted, when it was found that the bed was wet with urine. While being removed J. J. retched and vomited some fluid.

When examined in the kitchen at 7 A.M., M. A. was breathing heavily, with a pulse of 114. The pupils were fully dilated, and did not respond to light. Touching the conjunctiva caused no contraction of the lids. J. J. was breathing stertorously, and the pulse was 110. His pupils were dilated, but responded to light. He was sensible to pain.

At 11 A.M. M. A. had dilated pupils, which contracted readily, and the conjunctiva was sensitive, and without abnormal vascularity. His pulse was 120, regular, and of good volume. The respirations were 32 per minute, without noise, and no abnormal sounds were heard on auscultation over the front of the chest. The nostrils were covered with a black coating. He lay as if asleep, but could be roused to look about him and groan.

At the same hour J. J. lay breathing heavily, with a rattle in his throat and foam between his lips. His respirations were 28 per minute, and his pulse was 124, varying in fullness. The pupils were large, and contracted readily. The conjunctiva was very slightly, if at all, sensitive. The nostrils had a black coating so far as visible. A large mucous rattle was heard on auscultating over the front of the chest. He had been convulsed shortly before 10 A.M. He could be roused by severe pinching, when he opened his eyes, screwed up the left side of his face, and tried to stop the pinching with his left hand. His right arm was limp, but responded to the prick of a pin. Tickling the soles of his feet caused reflex action.

By noon M. A. was able to indicate that he had pain over the cardiac region. At 5 P.M. he put on his clothes and walked to the door with a staggering gait, to micturate for the first time. He then had some tea and bread and butter, slept well during the night, and walked home next afternoon, a distance of three miles. When home he complained of pain like cramp in the left arm and thigh, and had pain over the cardiac region when it was touched. He was soon all right.

About 10.30 A.M., while ammonia was being held to his nostrils, J. J. coughed and expectorated a mouthful of froth, after which the rattle in his throat ceased, and by noon he was more easily roused, but it was 3 P.M. before he recognised anyone, and then he was moving his right arm. Next day he complained of pain in his right hip, but was able in the afternoon to walk to his brother's house, about a mile from where he was employed, and he was soon all right.

JOHN HADDON, M.D.

Canonbie, N.B.

EARLY PREGNANCY.

I WAS asked to attend the wife of a tramcar conductor in her fifth labour. She was a very stout and short woman of 20 years of age. She had an easy delivery, at the full time, of a healthy well-developed male child. She informed me that she had been married before she was quite 13 years old, out in Australia, to her present husband, and that she was a mother before she had completed her fourteenth birthday. This was her fifth child. All the children had been born at full time. Two of her five children she had lost in their second year; one evidently from tubercular meningitis, and the other from *tabes mesenterica*. The other children are still living. Her statements were in every respect corroborated by her husband.

This case is interesting only as a record of early pregnancy; for though undoubted cases of pregnancy occurring between the ages of 9 and 14 have been related, yet they are decidedly rare.

Hastings.

WORSLEY J. HARRIS, L.R.C.P., M.R.C.S.

SULPHONAL POST-PARTUM.

I HAVE not seen or been able to trace any notice of the effects of sulphonal after parturition on the mother or child, and I therefore think it well to record a case where it was used. One of my patients had used it in doses of 15 grains (taken every third or fourth night) for the last three months of pregnancy with the best effect, as it seemed to induce rest each time for two nights, and gave no headache or nausea; and as there was much restlessness

for two nights after the baby was born I allowed the usual dose to be taken. The result was to give a good night to the mother, and the only drawback was that the child was irritable during the next day. The mother, I may add, nursed the baby entirely.

Of course, I am aware that no definite conclusion can be drawn from one case, but this note may lead to the publication of a series of reports.

In the above-named patient ordinary opiates only caused discomfort and greater restlessness.

WILLIAM HAMMOND.

Liskeard.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

BUCKINGHAMSHIRE GENERAL INFIRMARY.

(Cases under the care of Mr. T. G. PARROTT.)

[Reported by Mr. H. CAUDWELL, House-Surgeon.]

BELL'S PARALYSIS.

M. M., aged 23, a cook, was admitted on November 30th, 1888, complaining of great pain in right mastoid region, with a profuse bloody muco-purulent discharge from right meatus. The discharge had lasted for twelve months. On examination membrana tympani was ruptured; complete deafness on affected side; no impairment of other ear; right facial paralysis was present; there was ptosis, inability to completely close eye; patient was unable to whistle, and attempted smiling produced distortion of face. Tongue and uvula were unaffected.

Treatment.—Blister over mastoid region; sharp purge; ear syringed twice daily with antiseptic solution and iodoform insufflation. Two days later discharge much less. December 5th. Continuous current applied, and continued daily until December 31st, when the paralysis had quite disappeared; deafness was unrelieved, and still a slight discharge.

REMARKS.—The portio dura was evidently affected external to the gangliform enlargement of the petrosal nerves and to the giving off of the chorda tympani. The ptosis may be explained by the communication of branches of the portio dura with branches of the ophthalmic nerve, which also communicates with the third nerve, in which doubtless some peripheral irritation was set up.

EXCISION OF MAMMA.

Mrs. H., aged 46, a stout healthy-looking woman, was admitted with a stony-hard tumour, about the size of an orange, in the right breast, adherent to the nipple, but freely movable over the pectoralis major; axillary glands not involved. The entire gland with the tumour was removed, and also a good deal of adipose tissue, which was very abundant; antiseptic precautions were used throughout. There was free discharge of bloody serum the first day, and subsequently a large quantity of liquid fat came away, which, however, remained quite free from odour. The skin wound united by first intention, and all was completely healed by the sixteenth day. The temperature did not rise above 99.6° F.

DERBYSHIRE GENERAL INFIRMARY.

CASE OF HYDATID OF THE ORBIT.

(Under the care of Mr. SHARP.)

S. T., a lad aged 12, was admitted April 23rd, 1888, suffering from a tumour of the right orbit. His mother stated that it was first noticed six months previously, that it had gradually increased in size, the sight in the eye had failed, and that lately he had complained of pain in the forehead.

On examination there was found to be a tense globular swelling, the size of a large walnut, apparently springing from the floor of the right orbit. The eyeball was displaced upwards and forwards, the cornea being entirely concealed by the upper lid, which was tightly stretched over it. The lower lid was everted, the conjunctiva covering it, and the lower part of the globe being thickened and oedematous. On raising the upper lid the cornea was found to be normal; it was directed upwards and inwards, the eyeball

ASSOCIATION INTELLIGENCE.

PROCEEDINGS OF THE COUNCIL.

At a meeting of the Council, held at the offices of the Association, 420, Strand, W.C., on Wednesday, January 15th, 1890:

Present.

Dr. T. BRIDGWATER, President of the Council, in the chair.

Mr. C. G. WHEELHOUSE, Leeds, President.

Dr. W. F. WADE, Birmingham, President-Elect.

Dr. HOLMAN, Reigate, Treasurer.

Dr. H. BARNES, Carlisle.

Dr. G. B. BARBON, Southport.

Dr. J. S. BRISTOWE, F.R.S., London.

Mr. H. T. BUTLIN, London.

Surg.-Gen. W. R. CORNISH, F.R.C.S., London.

Dr. J. WARD COUSINS, Portsmouth.

Mr. T. W. CROSSE, Norwich.

Dr. G. W. CROWE, Worcester.

Dr. P. M. DEAS, Exeter.

Dr. D. DRUMMOND, Newcastle-on-Tyne.

Mr. GEORGE EASTES, M.B., London.

Dr. W. A. ELLISTON, Ipswich.

Sir B. W. FOSTER, M.D., M.P., Birmingham.

Dr. J. H. GALTON, Upper Norwood.

Dr. BRUCE GOFF, Bothwell.

Dr. T. W. GRIMSHAW, Carrickmines.

Mr. J. H. HEMMING, Kimbelton.

Professor G. M. HUMPHRY, F.R.S., Cambridge.

Mr. T. V. JACKSON, Wolverhampton.

Dr. F. H. KYNGDON, London.

Mr. C. MACNAMARA, London.

Dr. W. W. MOORE, Brighton.

Mr. W. JONES MORRIS, Portmadoc.

Dr. F. NEEDHAM, Gloucester.

Dr. C. PARSONS, Dover.

Mr. W. PEARSE, St. Tudy.

Mr. S. W. SIBLEY, London.

Dr. E. M. SKERRITT, Bristol.

Mr. NOBLE SMITH, London.

Mr. J. TAYLOR, Chester.

Dr. G. E. WILLIAMSON, Newcastle-on-Tyne.

Mr. A. WINKFIELD, Oxford.

The President of the Council introduced Dr. Kyngdon, the representative of the Sydney and New South Wales Branch.

The minutes of the last meeting having been printed and circulated amongst the members of the Council, and no objection having been made, were signed as correct.

Read letters of apology for non-attendance from Sir John Banks, of Dublin; Dr. Mackenzie Booth; Dr. Langdon Down; Dr. Glascott; Mr. Jessop; Mr. Evan Jones; Mr. Sympton; Dr. Strange; Mr. Webb; Dr. Alfred Sheen; Dr. De Bartolomé; and Surgeon-General Graves-Irwin.

Resolved: That the minutes of the Journal and Finance Committee of to-day's date, so far as they relate to the finance expenditure and receipts, be received and approved, and the recommendations carried into effect.

The minutes of the Journal and Finance Committee contain the report on the accounts for the quarter ending December 31st, amounting to £6,655 1s. 4d., and report of Auditors, and resolution authorising the Treasurer to make a further investment.

Resolved: That this Council highly approves the idea of a National Institution for the Study of Bacteriology, and in the event of one being established on a basis commensurate with the objects stated in the memorandum of Sir J. Whitehead's Committee, will recommend the next ensuing annual meeting to authorise the Council to apply such sum (not exceeding £300) as may be one-fifth of the expenditure for the then current year.

Resolved: That the minutes of the Premises and Library Committee of the 14th instant be received and approved, and the recommendations contained therein carried into effect.

The minutes of the Premises and Library Committee contain reports of the Librarian for the past year, announcing that the Library now contains 2,000 books, and the report on the electric light, which is now in several rooms of the Association.

Read letter, of which the following is a copy:

11, Queen Anne Street, Cavendish Square, W.,
December 19th, 1889.

To the President of the Council of the British Medical Association.

Dear Sir,—Herewith we beg to send you the enclosed resignations of the British Medical Association.—We are, faithfully yours,

(Signed) W. MEREDITH.
J. WILLIAMS.

The following members of the British Medical Association being of opinion that, notwithstanding repeated remonstrances, the present conduct of the JOURNAL is discreditable to the Association, feel constrained to resign their membership:

Allchin, W. H.

Anderson, J.

Bailey, G. H.

Baker, W. M.

Barwell, R.

Bennett, W. H.

Boulton, P.

Boxall, R.

Brace, W. H.

Bryant, T.

Cahill, J.

Carter, R. B.

Cory, R.

Cumberbatch, A. E.

Dickson, G.

Duffin, A. B.

Duncan, J. M.

Gill, W.

Griffith, W. S. A.

Gunn, R. M.

Haward, J. W.

Heath, C.

Heron, G. A.

Hill, B.

Hollings, E.

Howse, J. G.

Jessop, W. H.

Lane, J. E.

Lang, W.

Langton, J.

Lawrence, H. C.

Lawson, G.

Lewers, A. H. N.

Liveing, E.

Liveing, R.

Maclehose, N. M.

Mahon, G. A. D.

Marsh, H.

Marston, J. A.

Meredith, W. A.

Norton, A. T.

Owen, E.

Owen, R.

Pepper, A. J.

Pick, T. P.

Pitts, B.

Pollard, B.

Poore, G. V.

Potter, J. B.

Powell, R. D.

Ralfe, C. H.

Read, T. L.

Seton, D. E.

Sewill, H.

Silcock, A. Q.

Slater, D. J.

Smith, E.

Smith, T. G.

Stonham, C.

Sturges, O.

Thornton, W. P.

Treves, F.

Turner, G. R.

Venning, E.

Walker, A. D.

Walkley, R.

Webb, F. E.

Whipham, T.

White, W. H.

Williams, J.

* * This list is not identical with that received, certain signatories having written to the President of Council requesting that their names may be withdrawn.

The President of the Council reported that he had replied to this in the words following:—

I beg to acknowledge the receipt of your communication of the 19th December, together with its enclosure; the resignations will be duly noted. The document will be laid before the Council at the next meeting, which will be held on January 15th next.

He also reported that the General Secretary had written to each signatory, acknowledging his resignation.

Resolved: That the resignations be received with regret; that the Council desires to express its further regret that the signatories, in seeking the redress of any supposed grievances, whether in the conduct of the JOURNAL or the business of the Association, have declined to avail themselves of the readiness expressed by the Council to consider any grievances laid before them, either by direct communication or through their duly accredited representatives.

Read letter from Mr. Ernest Hart asking for the appointment of a committee to investigate into the tests for colour blindness.

Resolved: That the Council appoint a Committee consisting of Sir William Bowman, Mr. Jonathan Hutchinson, Mr. Nettleship, Mr. Bickerton, of Liverpool; Dr. Brailey, Mr. Adams Frost, Dr. Edridge-Green, Mr. Macnamara, The President of Council British Medical Association (Dr. Bridgwater), The Treasurer of British Medical Association (Dr. Holman), and Mr. Ernest Hart, to report to the Council on the subject.

Read letter from Dr. Donaldson, of Londonderry, and proposed by-laws for the North-West of Ireland Branch, copies of which are as follows:—

30, Great James Street, Londonderry, November 7th, 1889.

Dear Sir,—The medical men of the North-West of Ireland being desirous of forming a Branch of the British Medical Association, have drawn up the enclosed by-laws. Kindly submit them to the Council for approval.—Yours faithfully,

C. DONALDSON, Honorary Secretary.

F. Fowke, Esq., Strand, London.

BY-LAWS.

1. Members of the British Medical Association residing in the North-West of Ireland District may be admitted to membership by the Council of the Branch.
2. An annual subscription of 2s. 6d., due in advance on January 1st, shall be payable by each member to the treasurer.
3. The management of the Branch shall be conducted by a council consisting of a president, two vice-presidents, an honorary secretary, treasurer, and nine ordinary members of Council.
4. The president shall be elected annually from the members of the Branch, ex-presidents not being eligible for seven years. A country member shall be elected vice-president every third year.
5. All the officers shall be elected by ballot at the annual general meeting in July.
6. The meetings of the Branch shall be held the first Wednesday in each month at 2.30 P.M.
7. The honorary secretary shall call a special general meeting at any time on receiving a requisition signed by at least twelve members; the requisition shall state clearly the objects for which the meeting is called, and no other business shall be transacted thereat.
8. The council shall meet at least twice a year; five to form a quorum.
9. The secretary shall place on the circulars for the ordinary meetings the papers in the order in which he gets notice of them. No paper shall last longer than fifteen minutes to read, and no speaker shall occupy more than ten minutes in the discussion.
10. The annual dinner shall be held after the meeting in January. The dinner ticket shall not exceed 10s. 6d.

Resolved: That the Council of the British Medical Association hereby approve of the proposed by-laws for the new Branch for Londonderry and the North-West of Ireland, and confirm the recognition, and they congratulate their fellow members in that district on the completion of the organisation, and trust that the Branch will prove an active centre for the work of the Association in the north-west of Ireland.

Read communications from Dr. Savage and Dr. Warner, asking for the appointment of a Committee to investigate into the state of school population and asking for a grant in aid.

Resolved: That the suggested committee be appointed, as follows: Mr. C. G. Wheelhouse, Dr. T. Bridgwater, Dr. Holman, Dr. Needham, Dr. Shuttleworth, Dr. Yellowless, Dr. D. Hack Tuke, Dr. Langdon Down, Dr. Fletcher Beach, Dr. Ireland, Dr. Henry Ashby, Dr. G. H. Savage, Dr. Francis Warner; but that, in accordance with the previous resolutions of the Council and the Journal and Finance Committee, they be informed that their application must be made to the Scientific Grants Committee.

Read communications from Dr. Tayler, of Anerley, offering a house for a home for medical men and their widows.

Resolved: That the generous offer of Dr. W. H. Tayler be declined by the Association, as the Memorandum of Association will not allow them to take it.

The election of ninety-eight gentlemen, whose names appear on the circular convening the meeting, was then considered.

Resolved: That ninety-six of the ninety-eight be, and they are hereby, elected members of the British Medical Association.

Resolved: That the minutes of the Arrangement Committee for the annual meeting to be held at Birmingham on July 29th, 30th, 31st, and August 1st next, be received and approved, and the recommendations contained therein be carried into effect.

The minutes of the Arrangement Committee contain the arrangements for the annual meeting to be held at Birmingham on July 29th, 30th, 31st, and August 1st next. It was recommended that the scientific business of the meeting be conducted in twelve Sections, and officers were proposed for them.

Resolved: That Sir Walter Foster be requested to give the Address in Medicine.

Resolved: That Mr. Lawson Tait be requested to give the Address in Surgery.

Resolved: That Dr. Broadbent be invited to give the Address in Therapeutics.

Resolved: That the minutes of the Branch Organisation Committee of the 14th instant be received and approved, with the exception that the word "requested" be substituted for "required," and the recommendations contained therein be carried into effect.

The minutes of the Branch Organisation Committee contain recommendations for the appointment of various members of the Association to Honorary Corresponding Secretaries in the various Colonies.

BRANCH MEETINGS TO BE HELD.

OXFORD AND DISTRICT BRANCH.—The next meeting of the Branch will be held on Friday, January 31st, at 3.15 p.m., in the Radcliffe Infirmary. Notice of papers to be read and cases shown, etc., should be sent to W. LEWIS MORGAN, Honorary Secretary, 42, Broad Street, Oxford, on or before January 17th.

NORTH OF IRELAND BRANCH.—A general meeting of this Branch will be held in the Board Room of the Belfast Royal Hospital, on Thursday, January 30th, at 4 o'clock p.m. Gentlemen proposing to read papers, show cases, etc., will communicate as early as convenient with JOHN W. BYERS, M.D., Honorary Secretary, Tower Crescent, Belfast.

MALTA AND MEDITERRANEAN BRANCH.

An ordinary meeting of the Branch was held on December 23rd, 1889, in the Library of the Station Hospital, Valetta, Deputy Inspector-General A. B. MESSER, R.N., President, in the chair.

New Members.—After the minutes of the previous meeting were read, approved, and signed, the admission to the Branch of sixteen members (two civil, eight military, and six naval) was proposed, seconded, and agreed to.

Treatment of Cholera.—The SECRETARY then read, on behalf of Dr. ENGLOTT, who could not attend, a paper on the Vagus-treatment of Cholera (Dr. Harkins's method), relating several cases treated successfully by the counter irritation method during the last epidemic of cholera in Malta.—A discussion ensued in which Brigade-Surgeon TOMLINSON, M.S., Professor STILSON, Brigade-

Surgeon O'DWYER, M.S., and the PRESIDENT took part.—The SECRETARY briefly replied.

Triplets.—A second paper by Dr. ENGLOTT was then read on a Case of Triplets, in which the arm of one foetus and the leg of the other protruded together from the os.

Electricity in Facial Paralysis.—Dr. F. DEBONO read and illustrated, by means of diagrams and electrical apparatus, a paper on the Treatment of Facial Paralysis by means of Electricity.

SPECIAL CORRESPONDENCE.

SHEFFIELD.

Lead Poisoning by the Public Water Supply.

THE Water Committee seem at length to be awakening to the importance of dealing with the lead question; they have decided to call in the services of Mr. Hawksley, the eminent engineer, and of a well-known chemist. The Committee—wisely, it must be allowed—determined that the latter authority should be a gentleman who had not been connected, on one side or the other, in the proceedings in which the influence of the water on lead was a prominent feature, which resulted in the water undertaking passing into the hands of the Corporation. Professor Dewar has been selected, and this gentleman, with Mr. Hawksley and Mr. Eaton, the Committee's engineer, will form a sort of committee or commission, and will take such evidence as may be forthcoming. Dr. Thomson, the medical officer of health; Dr. Sinclair White, the late medical officer of health; and Mr. H. H. Allen, the borough analyst, are particularly requested to give evidence. The two latter gentlemen are known not to be in accord with the views advocated by Mr. Eaton, and whether or not the Committee are proceeding in the best manner to avail themselves of the knowledge possessed by those gentlemen, it is certainly well that they should have an opportunity of placing their views before the Committee. The good offices of the Medico-Chirurgical Society have also been solicited in the hope that through some of its members information may be forthcoming as to the prevalence of lead poisoning and as to the methods likely to be of service in obviating such occurrences. There can be no doubt that the Society will meet such an appeal with a ready response. Further, it is stated that information will be cordially welcomed from any member of the medical profession, or indeed from any ratepayer. This all sounds well, and inquiry, carefully conducted, should result in some plan to meet satisfactorily the evils complained of

CORRESPONDENCE.

THE MEDICAL DEFENCE UNION AND THE MEMBERS OF THE GENERAL MEDICAL COUNCIL.

SIR,—As I have recently received a copy of a circular from the executive of the Medical Defence Union, I desire to recall to the recollection of my brother members who might by inadvertence express their willingness to join this Union, the recent arguments before the Court of Appeal in the case of Leeson v. the General Medical Council. One of the Lords Justices expressed a very strong opinion as to the impropriety of members of the General Medical Council being also members of the Union.—I am, etc.,

A MEMBER OF THE GENERAL MEDICAL COUNCIL.

DR. LAUDER BRUNTON AND THE PARIAH DOG.

SIR,—I am very sorry indeed to spoil a good story, but the quotation in the JOURNAL from the *Pioneer*, although it is in the main true, has got the facts somewhat mixed. Instead of being headed "Medical Heroism," it might perhaps quite as appropriately have been headed "Medical Awkwardness," for, I regret to say, that the assistants showed themselves much more expert than I was in handling dogs. One of them got bitten while administering alcohol to a dog, but this was a much more difficult business than simply lifting a dog into a box into which chloroform was afterwards put, and it was in doing this that I got bitten. Very shortly after the Commission had begun work and before I knew much about the ways of pariah dogs, a particularly evil-looking one was brought to the laboratory early in the morning, a few minutes before the assistants were due. Most of the natives of Hyderabad are amply clothed, much more so than those of Bombay, but the

INDIAN PAY.

M. S. writes: The following may be of interest to gentlemen who contemplate joining the Medical Staff with visions of fat pay at least in India! Army Regulations, India, vol. i, Part I, paragraph 308. "Grade pay and unemployed pay of medical officers and veterinary surgeons are composed of pay proper and Indian allowances." Para. 310. "The pay proper of an officer of the British service is his English pay." Para. 347. "When English pay of officers is issued with Indian allowances it is converted at the rate of 2s. 6d. the rupee." The latter paragraph means, in other words, that, for every standard value half-crown of my English pay the Indian Government present me with one of their depreciated rupees, worth in the market the sum of one shilling and fourpence halfpenny. Scarcely an honest transaction to say the least of it! Why should officers be thus robbed? The pay of warrant and non-commissioned officers is converted at the rate of exchange. This is fair. Let me tell candidates my experience, that surgeons under six years service are worse off in India than at home, and after six years they are very little better.

THE NAVY.

THE following appointments have been made at the Admiralty:—HAMILTON MEIKLE, Surgeon to the *Indus*, January 14th; JOHN WILSON, M.A., M.D., Staff-Surgeon to the *Vernon*, January 25th; HENRY W. RICKARDS, Surgeon to the *Goldfinch*, February 5th; JOHN H. STENHOUSE, Surgeon to the *Wildfire*, January 18th.

THE MEDICAL STAFF.

SURGEON R. G. THOMPSON, M.D., serving in the Bombay command on general duty in the Bombay district, is transferred to general duty in the Aden district.

Deputy Surgeon-General J. G. FAUGHT has been appointed Principal Medical Officer to the Western District, with headquarters at the Station Hospital, Devonport.

Surgeon-Major W. H. B. CLAPP, M.D., is promoted to be Brigade-Surgeon, ranking as Lieutenant-Colonel, vice R. W. Davies, deceased. Dr. Clapp entered the service as Assistant-Surgeon October 1st, 1862; became Surgeon March 1st, 1873; and Surgeon-Major April 28th, 1876. He was engaged in the Egyptian war in 1882, and received the medal and the Khedive's bronze star.

Brigade-Surgeon JOHN DUSTAN died at St. Saviour's, Jersey, on January 12th, aged 51. He entered the service as Assistant-Surgeon March 31st, 1862; became Surgeon March 1st, 1873; Surgeon-Major April 28th, 1876; and Honorary Brigade-Surgeon on retirement April 1st, 1882. He had no war record.

Brigade-Surgeon CHARLES WILLIAM GRIFFITH died at Purfleet, where he was medical officer in charge, on January 15th, after only a few days' illness, at the age of 53. His commissions were dated: Assistant-Surgeon January 12th, 1859; Surgeon March 1st, 1873; Surgeon-Major April 1st, 1874; and Honorary Brigade-Surgeon on retirement November 10th, 1880. He served throughout the Hazara and Black Mountain campaigns in 1868 in medical charge of a battery of Royal Horse Artillery (medal with clasp).

Surgeon-General JOHNSTON FERGUSON, late Medical Officer of the Southern District, has, after a distinguished career, died at his residence, Southsea, in his fifty-ninth year, and his remains were interred at the Southsea Cemetery on January 16th, with full military honours. The following are the dates of his commissions: Assistant-Surgeon, April, 1853; Surgeon, January, 1862; Surgeon-Major, 1873; Brigade-Surgeon, 1879; Deputy Surgeon-General, 1882; Surgeon-General, November, 1888.

INDIAN MEDICAL SERVICE.

SURGEON-MAJOR E. PALMER, Bengal Establishment, Medical Officer 9th Bengal Lancers, is appointed Principal Medical Officer of the Cavalry Camp of Instruction at Muidki, vice Brigade-Surgeon J. R. Greenhill, Medical Staff, who has been reported unfit for duty owing to illness.

On being relieved by Surgeon-Major B. Evers, M.D., on return from leave, Surgeon F. J. DRURY, M.B., Officiating Civil Surgeon and Superintendent of the Gaol at Raepore, is transferred to Betail.

Surgeon W. S. P. RICKETTS, Bombay Establishment, on general duty in the Poona District, is directed to officiate in medical charge of the 26th Native Infantry, during the absence of Surgeon-Major K. A. Dalal, M.B., in civil employ.

Surgeon C. T. HUDSON, Bombay Establishment, on general duty Bombay District, is transferred to general duty Aden District.

Surgeon-Major L. R. DAWSON, M.D., Bengal Establishment, Medical Officer 22nd Punjab Infantry, died from pneumonia at Goojerat, where he had been left by his regiment while on the march. His commission was dated March 31st, 1886, he having entered the service twelve years previously.

Surgeon K. H. MISTRI, Bombay Establishment, has been appointed to act as Civil Surgeon of Broach.

Surgeon-Major EDWARD CAMPBELL, late of the Bengal Establishment, and sometime of the Viceroy of India's Body Guard, died in London, suddenly, on January 16th, at the age of 73.

THE VOLUNTEERS.

CAPTAIN G. G. HODGSON is appointed Acting-Surgeon to the 4th Volunteer Battalion King's Liverpool Regiment (late the 15th Lancashire). Captain Hodgson joined the corps as a lieutenant June 6th, 1885, and became Captain February 5th, 1887.

Surgeon G. TOBIN, 1st Volunteer Battalion Loyal North Lancashire Regiment (late the 11th Lancashire), has resigned his commission, which was dated June 21st, 1884.

Mr. DAVID HAMILTON KYLE, M.B., is appointed Acting-Surgeon to the 6th Volunteer Battalion Black Watch (formerly the 1st Fifehire).

SISTER ROSE GERTRUDE (Miss Amy Fowler) left Liverpool on Saturday last, to enter on her self-imposed mission of superintending the hospital on the leper island of Molokai.

OBITUARY.

GEORGE WYLLIE, L.F.P.S.GLASGOW.

DR. GEORGE WYLLIE, of Craigend, Gourcock, died suddenly of heart disease on January 13th. For thirty years he practised in Gourcock, and for twenty years previously he had been in practice in Doune, Perthshire. He had been a student of Anderson's College, Glasgow, and received his licence to practise from the Glasgow Faculty of Physicians and Surgeons in 1840. He was medical officer of the burgh of Gourcock for twenty-eight years, and in various other capacities rendered useful service to the community, among whom he was held in much esteem. He died in the very midst of his work, at the age of 73.

GEORGE CRAWFORD, M.D., C.M.GLASGOW.

WE have to record the death of Dr. Crawford, of Port Glasgow, which took place on January 4th. Dr. Crawford, who was 55 years of age, began life as a mining engineer. His subsequent adoption of medicine was justified by the results, for as a student he gained distinction, graduating "with commendation," and his success as a practitioner was marked. In Port Glasgow he took his share of public affairs, sitting for three years in the Town Council, during two of which he acted as a magistrate; and he also served on the School and Parochial Boards. About two years ago his health began to give way, and a voyage to America undertaken some months ago failed to benefit him. He was a member of the British Medical Association, and found time to contribute some papers to medical journals.

INDIA AND THE COLONIES.

INDIA.

ANNUAL REPORT OF THE SANITARY COMMISSIONER FOR MADRAS 1888.—In the year under notice cholera again entered on one of its cycles of increasing mortality. The sanitary commissioner reports there was no month in the year when the disease was absent from the Madras Presidency. It attained to its maximum of intensity during the cold weather months; the greatest number of deaths were registered in the months of December and January. 58,677 deaths were registered from the cholera during the year, being 30,318 more than in the preceding year. The commissioner gives a table which clearly shows the cycle in which the disease moves, namely, "that every sixth year is a year of minimum intensity. The years of minimum intensity were 1863, 1874, 1880, and 1886," and the commissioner remarks: "It will be interesting to see if 1892 will also be a year of minimum intensity." The only district in the Presidency in which the disease did not appear was the Nilgiris. It was most severely felt in the district of Tanjore, where 4.3 per 1,000 of the population died from it. Once more the commissioner proclaims the fact, so often told, so often forgot, "that the chief factor in reducing the mortality, not only from cholera, but also other diseases, and notably fevers, which cause many more deaths than cholera does, has been the introduction of cleanliness in villages and towns, and wherever thorough cleanliness prevails the mortality is reduced." Small-pox: The deaths registered from this disease amounted to 21,858. Vaccination was made compulsory in the Madras Municipality on May 15th, 1884; a fall in the mortality was the immediate result. In 1883 the death-rate was 1,457; in 1885 (the year following compulsory vaccination) it was 26, and has since never risen above 36, or 0.08 per 1,000 of population. Fevers: 204,561 persons died from "fever" in 1888, being a decrease of 36,299 for the year as compared with 1887. The commissioner truly observes that although cholera attracts more attention and naturally causes more panic than fevers, yet it ought not to be so much dreaded as fevers, which are a far more prominent cause of excessive mortality than cholera. Bowel complaints are always more mortal in cholera than in ordinary years; 2,772 persons died from this cause. The health of the military during the year was, on the whole, satisfactory.

UNIVERSITY INTELLIGENCE.

CAMBRIDGE.

PROFESSOR MACALISTER was held on Tuesday last at the University Building, at which Dr. F. J. Wood, Chairman, presided. The Chairman informed the meeting that the Chancellor of the Exchequer had invited a conference with certain members of the University and of the Senate respecting the conversion of the annual vote for the University into a Government grant. He further stated that the scheme for the reconstitution of the University which had been drawn up by the Senate had been submitted to University College and King's College. Those colleges had not yet decided upon their answers, but had requested a conference, which would shortly be held. Upon the proposition of Dr. M. Baines and Mr. Nesbitt it was unanimously resolved to draw the attention of the Senate to the request made by Convocation in 1887 that the Senate would select an appropriate motto for the University.

At the Congregation on Thursday, January 16th, the following degrees were conferred:

M.C.—R. Lawford Knaggs, M.A., Caius.

M.B.—G. Melmoth Scott, B.A., Peterhouse (Thesis: An Analysis of 100 Cases of Gout).

B.C.—E. A. Wadson, St. John's, and G. Melmoth Scott, Peterhouse.

LONDON.

A MEETING of Convocation was held on Tuesday last at the University Building, at which Dr. F. J. Wood, Chairman, presided. The Chairman informed the meeting that the Chancellor of the Exchequer had invited a conference with certain members of the University and of the Senate respecting the conversion of the annual vote for the University into a Government grant. He further stated that the scheme for the reconstitution of the University which had been drawn up by the Senate had been submitted to University College and King's College. Those colleges had not yet decided upon their answers, but had requested a conference, which would shortly be held. Upon the proposition of Dr. M. Baines and Mr. Nesbitt it was unanimously resolved to draw the attention of the Senate to the request made by Convocation in 1887 that the Senate would select an appropriate motto for the University.

Two resolutions by Mr. Spratling, one seconded by Dr. M. Baines, the other by Mr. Watson, respecting the retirement scheme of members of the Senate elected by Convocation, and respecting the recommendation of the Senate that Bachelors of Medicine should receive the M.D. degree, were both opposed by Sir P. Magnus, on the ground that, in the absence of the draft scheme for the reconstitution of the University, they were premature, and they were both lost.

Dr. W. J. Collins proposed a resolution requesting the Clerk of Convocation to communicate to members of Convocation the scheme prepared by the Senate for the reconstitution of the University; this was carried unanimously.

Mr. T. Tyler and Mr. W. T. Lynn respectively proposed and seconded the following resolution:—

"That the proposal of the University for London Commission that, under a new charter for this University, special powers and privileges should be conferred on certain institutions in or near London is incompatible with the fair and just treatment of the provincial colleges, and that the acceptance of this proposal would be detrimental alike to the interests of the provincial colleges and to those of the University itself."

Mr. Tyler, in proposing the resolution, said that the proposal of a university for London in London was an absurdity, and its effect would be to place the university in the hands of King's and University Colleges, which sent up comparatively very few students to the University.

The resolution was opposed by Sir P. Magnus, but was adopted, after which the house adjourned on the motion of Dr. Robert Barnes.

MEDICAL NEWS.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.—The following gentlemen passed the Second Examination in Anatomy and Physiology at a meeting of the Board of Examiners on January 15th, namely:

J. L. Sawers and J. Mostertz, students of University College; S. A. E. Griffiths, S. B. Hulke, and H. J. E. H. Williams, of Middlesex Hospital; E. L. Adams, of Guy's Hospital; J. N. d'Esterre, of St. Mary's Hospital; C. Seal and P. H. Liddle, of Melbourne University and Mr. Cooke's School of Anatomy and Physiology.

Passed in Anatomy only.

F. P. Bush and J. O. Williams, of Guy's Hospital; A. L. Saunders, of St. Bartholomew's Hospital; A. W. C. Lindsay, of St. Bartholomew's Hospital and Mr. Cooke's School of Anatomy and Physiology; R. S. Berry and B. Cooper, of St. George's Hospital; G. F. Prance, of St. Thomas's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Passed in Physiology only.

A. Marshall, of St. Thomas's Hospital; J. L. Mackenzie and F. C. Sutherland, of St. Bartholomew's Hospital; F. Wall, of Ceylon, and L. E. Owen, of University College.

Passed in Anatomy and Physiology on January 16th.

C. F. Gross, of King's College; R. V. Gilmour, R. H. Hemsted, C. A. Lane, and H. A. McClelland, of St. Mary's Hospital; C. H. Auty, W. A. Dow, E. H. Drew, and T. H. Foulkes, of St. Bartholomew's Hospital; T. W. Bailey, of Westminster Hospital; and E. Hill, of Middlesex Hospital.

Passed in Anatomy only.

G. E. Clarkson, E. E. Elliott, C. G. Mathews, and J. D. Rawlings, of St. Bartholomew's Hospital; C. M. S. Farnum, of King's College and Mr. Cooke's School of Anatomy and Physiology; W. B. Winckworth, of Westminster Hospital; B. A. Castellote, of Middlesex Hospital; T. S. Robson, of Guy's Hospital; B. S. Jones, of St. Thomas's Hospital; R. L. Romer, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology; J. P. Grieves, of St. Mary's Hospital; W. A. Stephenson, of Charing Cross Hospital; and W. E. Baker, of London Hospital and St. George's Hospital.

Passed in Physiology only.

E. L. Davey and B. W. N. Gowing, of St. Bartholomew's Hospital; W. A. Powell, of Charing Cross Hospital; S. H. Birt and S. P. Hopewell, of London Hospital; F. N. Roth, of St. Mary's Hospital; T. S. Jackson, of Guy's Hospital; and H. G. Beville, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Passed in Physiology only on January 17th.

A. Fabelle and H. B. Wilmot, of King's College; J. B. Byles and J. C. R. Curtis, of University College; A. R. Walters, of Cambridge and London Hospital; H. C. Will, of London Hospital; V. B. Japson, A. G. Tribe, E. Y. Watson, and G. C. W. Williams, of St. Thomas's Hospital; C. A. N. Knox, of Dublin and St. Thomas's Hospital; A. Reeves and H. J. L. Wales, of Guy's Hospital; S. B. Axford, of Charing Cross Hospital; and R. D. Moore, of St. Mary's Hospital.

ACCIDENTAL POISONING.—The infant son of Mr. D. F. Baynes Cotes, of Teddington, was poisoned recently by being given liquor strychniæ in mistake for castor-oil, by the servant, who mistook the one bottle for the other.

At the Court of Common Council, on January 20th, it was resolved, at the instance of the Port Sanitary Authority, to adopt the provisions of the Infectious Diseases (Notification) Act, 1889, in the Port of London, from March 1st next.

DONATION.—Mr. Whitley, M.P., has forwarded to the secretary of the Stanley Hospital, Liverpool, a cheque for £1,000 from the Roger Lyon Jones Fund for the endowment fund of the hospital.

WE regret to announce the death of Dr. L. H. Sayre, son and assistant of Dr. Lewis A. Sayre, of New York. Dr. L. H. Sayre returned home late on the night of January 2nd from visiting a distant patient, and was found dead in a chair in his office next morning.

At the meeting of the London County Council, held on January 21st, the Housing of the Working Classes Committee was authorised to enforce, so far as the Council was able, all sanitary and cognate Acts in regard to any area being dealt with under the Housing Acts.

THE will of Protheroe Smith, M.D., late of 42, Park Street, Grosvenor Square, was proved on December 30th, the value of the personal estate amounting to upwards of £49,000. The testator gives £500 to the Hospital for Women, and the residue of his real and personal estate is divided among his four children in equal shares.

PHOSPHORUS IN RICKETS.—In a paper recently read before the New York Academy of Medicine, Dr. H. W. Berg recommended the following method of prescribing phosphorus to rickety children:—R Phosphori, gr. j.; alcohol absolut., ʒ cccl.; spt. menth. pip., ʒ x.; glycerini, ʒ ij. M. et Sig. Six minims three times a day to be increased one drop weekly until ten drops are given.

BEQUESTS.—Under the will of the Rev. Henry G. Watkins, Potter's Bar, Middlesex, the following sums have been bequeathed to medical charities:—£100 to the City of London Truss Society; £50 each to the Samaritan Societies in connection with St. Bartholomew's Hospital and St. Thomas's Hospital; £100 to the Potter's Bar Cottage Hospital.

MR. TERENCE McGRATH, L.K.Q.C.P.I. and L.M., of Regent Street, Lambeth Walk, expired suddenly in the casualty room at St. Thomas's Hospital, on January 14th. The deceased had for a few days previously suffered from an attack of pneumonia and was attending the hospital with the object of being admitted as an in-patient, when he died.

THE eleventh annual dinner of the past and present students of the Leeds School of Medicine will be held at the Great Northern Hotel, on Friday, January 31st, at 6.30 o'clock. President—Edward Atkinson, Esq., F.L.S., Surgeon to the Leeds General Infirmary. The hon. secretaries are Messrs. E. B. Collings and Charles Forsyth.

PRINCE ALBERT VICTOR, during his recent visit to Lucknow, opened a new female hospital in connection with the Dufferin Fund; and at Calcutta laid the foundation stone of the new water and drainage works, which owes its inception in a great measure to the liberal subscriptions of several native chiefs, and which is intended to convert the dirtiest and most unhealthy city in India into one of the most salubrious.

TESTIMONIAL.—Mr. John Pickering Bates, M.R.C.S., received from a numerous company of friends, assembled in the Town Hall, North Shields, last week, a farewell recognition of the services he had rendered during his 35 years residence in the borough of Tynemouth. He had shown much public spirit in connection with the social and intellectual welfare of the borough. The presentation took the form of a handsome solid silver tray.

NURSING IN AMERICA.—Great progress is being made in America in the education of nurses for the sick. We chronicled recently the foundation of a school for the training of male nurses, and we learn from the *Boston Medical and Surgical Journal* that a training school for nurses for children has just been established in New York; a six months' course of training in the care of children, including the elements of hygiene, will be given. The training school for female nurses, attached to the Post Graduate Medical School of New York, which is able to receive 50 pupils, received last year 265 applications for admission.

PHYSICAL CULTURE.—A conference on physical culture was recently held at Boston, under the presidency of Professor William T. Harris, United States Commissioner of Education. The merits of the various systems, the Swedish, the German, and the American, were explained by several teachers, and their peculiarities illustrated by demonstrations. A short article in a recent issue of the *Boston Medical Surgical Journal* sketches the growth of interest in America in physical education as a part of college education. In Johns Hopkins University it already has a recognised place in the curriculum, and a professorship of hygiene and physical culture has just been endowed at the Pennsylvania College, at Gettysburg, with the sum of 25,000 dollars in memory of Dr. Charles H. Graff, by his parents.

YORKSHIRE ASSOCIATION OF MEDICAL OFFICERS.—At a meeting of this association, held on January 15th, at Leeds, Dr. J. Mitchell Wilson presiding, the following officers for the ensuing year were appointed:—*President*: Dr. J. Spottiswoode Cameron, Leeds. *Vice Presidents*: Dr. A. Roberts (Keighley); Dr. Wade (Wakefield); Dr. North (York); Dr. Britton (Harrogate); and Dr. Mitchell Wilson (Doncaster). *Committee*: Messrs. Mason; Burnan; E. G. Ramson; G. Buncle; W. S. Wade; W. S. Mackenzie; G. Herbert; F. E. Atkinson; T. Thomson; T. Smailes, and W. H. P. Ramsden. *Hon. Secretary and Treasurer*: Dr. MacLintock (Bradford). Dr. G. Herbert (Whitby) read a paper on "Lead Poisoning." After discussion it was resolved to urge the Local Government Board to make a thorough inquiry into the whole question.

EDUCATION AND REGISTRATION OF PLUMBERS.—An examination of candidates for certificates of registration, under the auspices of the local district council, took place on Saturday, January 18th, at the Merchant Venturers' School, Bristol. The Worshipful Company of Plumbers were represented by Mr. W. Titmas, master plumber, and Mr. L. F. Gilbert, representative of the Plumbers' Operatives' Society of Great Britain and Ireland; and among the local examiners were Dr. D. S. Davies, medical officer of health; Mr. T. S. Pope, architect; and representatives of the local operatives' society. Candidates attended from Bristol, Bath, Crewkerne, Gloucester, and other places, and were examined in the theory and practice of plumbing, the theoretical questions being such as to test their knowledge of sanitary matters, besides other branches of the craft; but the work done in both sections was of such a character that only 20 per cent. passed, thus showing the necessity for plumbers receiving a more thorough theoretical and practical training.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At the annual general meeting held January 13th, the following were elected officers for 1890:—*President*: Felix Weiss. *Vice-Presidents*: (*Resident*): Fredk. Cauton; James Stocken; David Hepburn. (*Non-resident*): J. C. Wheeler (Southsea); W. B. Macleod (Edinburgh); J. H. Redman (Brighton). *Councillors* (*Resident*): R. H. Woodhouse; L. Matheson; W. Scott Thomson; C. S. Tomes, F.R.S.; Willoughby Weiss; W. H. Woodruff; C. J. Boyd Wallis; W. Hern; F. Newland-Pedley. (*Non-resident*): J. C. Parson (Clifton); R. T. Stack (Dublin); F. J. Vanderpant (Kingston-on-Thames); M. de

C. Dickinson (St. Leonard's-on-Sea); A. A. de Lessert (Aberdeen); Alex. Fothergill (Darlington); W. B. Bacon (Tunbridge Wells); H. B. Mason (Exeter); Mordaunt Stevens (Paris). *Treasurer*: Thos. Arnold Rogers. *Librarian*: Ashley Gibbings. *Curator*: Storer Bennett. *Editor of Transactions*: Walter Coffin. *Honorary Secretaries*: E. G. Betts (Council); J. Ackery (Society); W. A. Maggs (for foreign correspondence).

THE annual meeting of the Harveian Society was held on January 16th at the Stafford Rooms. The retiring president, Dr. Buzzard, delivered an address upon Vertigo of Bulbar Origin. Votes of thanks to the officers of the past year were carried, and the following were elected for the ensuing year. *President*: *Mr. Thomas Bryant. *Vice-Presidents*: F. H. Champneys, M.B.; *J. Ernest Lane, *Stephen Mackenzie, M.D.; R. S. Mair, M.D. *Treasurer*: G. P. Field. *Honorary Secretaries*: Robert Maguire, M.D., and *D'Arcy Power. *Council*: *Thomas Buzzard, M.D.; J. H. Drew, J. Hughlings Jackson, M.D., F.R.S.; *W. H. A. Jacobson, M.Ch.; M. Handfield-Jones, M.D.; David Lees, M.D.; *C. P. Lockwood, G. Everitt-Norton, *Herbert William Page, M.C.; *Sidney Phillips, M.D.; William Sedgwick and Frederick Trever. After the meeting a highly successful *conversazione* was held, at which various exhibits were shown, and songs, recitations, and musical performances were contributed by Dr. Evershed, Mr Ernest Lane, Herr Brousil, and others.

THE HOWARD CENTENARY.—The hundredth anniversary of the death of John Howard, the prison reformer and philanthropist, was quietly celebrated on January 20th, at Bedford, where he spent much of his time, and where, in commemoration of the event, it is proposed by an influential committee to erect a statue in bronze to his memory. John Howard's experience of gaols in France as a prisoner of war left on his mind a deep impression of their frightful insanitary condition and the shocking inhumanities perpetrated in them; and his insight into the gaols of our own country in his position of high sheriff caused him to feel still more strongly the urgent need of reform. To the investigation and remedy of the then existing vile prison system he devoted his life, and it was only by the public disclosure of the horrible and disgusting scenes of which he had been so often an eye-witness that he was able to awake the conscience and sympathy of the civilised world. Towards the cost of the statue, which it is thought will not be less than £3,000, subscriptions are invited. The honorary secretaries are the Rev. E. J. Hillier, vicar of Cardington, and the Rev. W. P. Irving, of Howard Chapel, Bedford.

GLYCERITE OF CALF PEPSIN.—Dr. Frank Woodbury advocates the use of a solution of calf pepsin in glycerine, to which he gives the name of glycerite of calf pepsin, as an adjunct to a milk diet for those who are unable to digest the casein of cow's milk, and he claims that calf pepsin is a more suitable and natural preparation to be used for such a purpose than that obtained from the hog. The process of manufacture is as follows: The stomachs of healthy young calves are washed clean with running water, the mucous membrane is dissected off, crushed and treated with glycerine and slightly acidulated water, in which it remains until the pepsin is all extracted, the solution is then filtered carefully, and to it is added a small proportion of the acid phosphate of lime, to insure a faintly acid reaction in the finished product. A drachm of this solution readily acts upon a pint of milk. In the case of infants he recommends that from ten to twenty drops of the pepsin solution shall be given fifteen or twenty minutes after feeding; in adults from one half to one drachm is added to the milk before it is swallowed. Junket made with the glycerite of pepsin from either boiled or unboiled milk is a delicate and easily digested form of nourishment for the sick.

A CASE OF PARADOXICAL PUPIL-REACTION.—At a recent meeting of the Gesellschaft der Charité-Aerzte, Herr Henoch brought forward a patient with a peculiar anomaly of the left eye, which had previously been operated upon; namely, dilatation of the pupil on exposure to light, and contraction in the dark. The same dilatation of the left eye occurred when the right eye was illuminated, and the same contraction when the right eye was then darkened. The patient was a man who was admitted in 1888 into the new Charité Hospital on account of some syphilitic plastic iritis. There was much exudation into the anterior chamber, the tension of the eye reached a high degree, the pupil being quite closed, so that permanent blindness from secondary glaucoma was feared, and iridectomy was necessitated. Severe hemorrhage resulted on incision, and the operator introduced the iris forceps

but could not be certain about what was exactly done, the parts being hid from view. By next morning, absorption was rapidly proceeding, and a very satisfactory coloboma had arisen. The case went on very favourably, and the patient was dismissed with a visual acuity of $\frac{1}{2}$. Next year he attended again with tertiary symptoms, when the above phenomenon was observed. The simple explanation is that by the operation the sphincter iridis was completely cut through inferiorly. The sphincter contracts together as usual when illuminated, but this now causes a wide gap inferiorly, having the appearance of pupillary dilatation.

MEDICAL VACANCIES.

The following Vacancies are announced:

BELGRAVE HOSPITAL FOR CHILDREN, 79, Gloucester Street, Pimlico, S.W.—House-Surgeon. Board, etc. Applications by January 25th to the Honorary Secretary.

BRIGHTON AND HOVE LYING-IN INSTITUTION.—Honorary Surgeon in Ordinary, a Fellow or Member of one of the Royal Colleges of Surgeons of Great Britain and Ireland. Election, Friday, February 7th.

BRISTOL HOSPITAL FOR SICK CHILDREN AND WOMEN.—House-Surgeon. Salary, £100 per annum, with rooms and attendance. Applications by February 3rd addressed to the President and Committee.

BUCKINGHAMSHIRE GENERAL INFIRMARY, Aylesbury.—Resident Surgeon and Apothecary. Salary, £80, advancing £10 per annum to £100, with board, furnished apartments, etc. Applications by January 28th to Mr. G. Fell, Solicitor, Aylesbury.

CHELSEA HOSPITAL FOR WOMEN.—Anaesthetist. Applications by January 27th to A. C. Davis, Acting Secretary.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—House-Physician. Board, residence, etc. Appointment for six months from April 1st, 1890. Applications by February 13th to the Secretary, 24, Finsbury Circus, E.C.

GENERAL HOSPITAL, Birmingham.—Two Assistant House-Surgeons. Residence, board, etc. Applications by February 1st to House Governor.

GENERAL INFIRMARY, Leeds.—Resident Medical Officer and Pathologist. Salary, £100 per annum, with board, residence, etc. Applications by February 3rd to Mr. W. H. Brown, 19, Queen Street, Leeds.

HOLBORN UNION.—Medical Officer for No. 2 District, Holborn Division. Salary, £105 per annum. Applications before 4 A.M. on January 28th to Union Officer, Clerkenwell Road.

HULME DISPENSARY, Manchester. Honorary Surgeon. Applications by January 31st to Dr. Collins, Honorary Secretary, Medical Committee.

KIRKBY MOORSIDE UNION.—District Medical Officer. Salary, £46 per annum. Medical Officer for the Workhouse. Salary, £11 per annum. Public Vaccinator. Applications by January 28th.

LIVERPOOL STANLEY HOSPITAL.—Junior House-Surgeon. Salary, £70, with board, etc. Applications by January 30th to J. E. Bennett.

MANCHESTER CLINICAL HOSPITAL FOR WOMEN AND CHILDREN.—Honorary Aural Surgeon. Applications by January 31st to Mr. H. Teague, Secretary, 38, Barton Arcade, Manchester.

METROPOLITAN HOSPITAL, Kingsland Road, E.—Assistant Physician. Applications by February 1st to Mr. C. H. Byers, Secretary.

NORTH BRIERLEY UNION.—Medical Officer and Public Vaccinator for No. 2 District. Salary, £20 per annum, and midwifery and surgical operation and vaccination fees. Applications by January 28th.

NORTH STAFFORDSHIRE INFIRMARY, Hartshill, Stoke-upon-Trent.—Resident Assistant House-Surgeon. Board and lodging. Applications by January 28th to the Secretary.

OLRIG AND DUNNET.—Medical Officer for these parishes. Emoluments and parochial appointments about £300. Applications endorsed "Doctor's Committee" by January 30th, to Inspector of Poor, Orlig, Castletown-by-Thurso.

PARISH OF THE UNITED PARISHES OF WHITTLESEY.—District Medical Officer and Public Vaccinator. Salary as District Medical Officer £70 per annum, with usual extra fees. Fees for vaccination and revaccination 3s. and 2s. per case respectively. Applications not later than January 25th, endorsed "Applications for Medical Officer," to John Peed, clerk, Whittlesey, near Peterborough.

PLYMOUTH PUBLIC DISPENSARY.—Second Honorary Physician. Applications by February 17th.

ST. MARY'S HOSPITAL, W.—Qualified Assistant in the Electro-Therapeutic Department. Applications by January 30th to Mr. Thomas Ryan, Secretary.

SOWERBY BRIDGE LOCAL BOARD OF HEALTH.—Medical Officer of Health. Salary, £30 per annum. Applications not later than January 29th to the Chairman of the Sanitary Committee, Mr. J. Smith.

WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, etc., 73, Welbeck Street, W.—Dental Surgeon. Applications to the Secretary.

WESTMINSTER GENERAL DISPENSARY. Honorary Physician. Applications by February 8th.

MEDICAL APPOINTMENTS.

ADAMS, Matthew A., F.R.C.S. Eng., L.S.A., etc., reappointed Medical Officer of Health and Public Vaccinator to the borough of Maidstone.

BARBER, G. J. C., M.R.C.S., L.R.C.P., L.S.A., appointed Assistant House-Surgeon to the General Hospital, Birmingham, vice S. Meklin, M.R.C.S., L.R.C.P.

CLARKE, Arthur, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the Street Urban Sanitary Authority.

CROOK, Arthur, L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the 4th District Norwich Union, vice D. S. Penrice, M.R.C.S. Eng., L.S.A., resigned.

EARLE, Walter G., M.R.C.S. Eng., L.S.A., Prelim. Sci., M.B. Lond., appointed Medical Officer for the East District, Bingham Union, vice G. H. Monk, M.R.C.S., L.S.A., resigned.

EDWARDS, Frank, L.R.C.P. Edin. and L.M., L.F.P.S., etc., appointed Medical Officer for the Duxford District, Linton Union, vice F. Prince, M.R.C.S., L.S.A., resigned.

GRAVELY, Harry, M.R.C.S. Eng., L.S.A., appointed Medical Officer to No. 1 District, Steyning Union.

GRESSWELL, D. Astley, M.B., M.R.C.S. Eng., B.A. Oxon., appointed Chief of the New Health Department for the Colony of Victoria.

HILLIER, W. Henry, M.R.C.S., L.R.C.P., appointed Medical Officer of No. 6 District, St. Neots Union.

HOBBS, Thomas H. H., of St. Thomas's Hospital, appointed Dispenser to the Strand Union Workhouse, Upper Edmonton.

HOLMES, F. D., L.R.C.P. Edin., F.R.C.S. Edin., L.F.P.S. Glas., appointed Deputy Medical Officer for the Duffield District, Belper Union, for six months.

IRONSIDE, James, M.B. Aberd. and C.M., reappointed Parochial Medical Officer and Public Vaccinator, Laurencekirk, Kincardineshire.

JACKSON, W., M.D., L.R.C.P. Edin., D.P.H. Camb., appointed Honorary Physician to the Victoria Hospital, Burnley.

JAMESON, Hugh, M.B. Edin. and C.M., appointed Resident Medical Officer of the British Hospital, Buenos Ayres.

JOHNSTONE, John McC., M.B., C.M. Glas., appointed Assistant Medical Officer Govan Poorhouse and Asylum, vice W. G. Pretsell, M.B., C.M., resigned.

LANG, G., M.R.C.S. Eng., appointed Assistant Medical Superintendent of St. Pancras Infirmary.

MCDONOUGH, J., L.K.Q.C.P.I., L.R.C.S.I., and L.M., appointed Visiting and Consulting Physician to the Killarney District Lunatic Asylum.

MACLENNAN, William, M.B., C.M., Assistant to the Professor of Materia Medica and Therapeutics in the Glasgow University, appointed Public Vaccinator at the Glasgow Western Infirmary, vice D. C. McVail, M.B., retired.

MILNE, T., M.D., C.M., reappointed Medical Officer of Health to the Accrington Borough.

MITCHELL, C. J. G., M.D. Brux., M.R.C.S., L.S.A., appointed Medical Officer for Districts 5 and 6, Birmingham.

MOTHERSOLE, R. D., M.B., B.S. Lond., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Liverpool Northern Hospital, vice A. M. Burford, M.R.C.S., L.R.C.P., resigned.

O'FARRELL, G. Plunkett, M.D. T.C.D., M.R.C.S. Eng., of the General Prison Board, Dublin, appointed by the Lord Lieutenant of Ireland Commissioner of Control in Lunacy, vice Dr. Hatchell.

PEGLER, L. H., M.D. Edin., M.R.C.S. Eng., appointed Medical Officer and Public Vaccinator for the Shirland District, Chesterfield Union.

PERCIVAL, J. M., M.R.C.S. Eng., L.S.A., appointed Medical Officer of Health for the city of Chichester.

PLATT, J. E., M.B. Lond., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Ashton-under-Lyme District Infirmary, vice J. W. Talent, M.B., C.M., resigned.

RAVERTY, James, L.R.C.S. Edin., appointed Medical Officer to the Bray and Rathmichael Dispensary, Rathdown Union.

RYMER, James F., M.R.C.S., L.D.S., of Maidstone, appointed Honorary Dental Surgeon to the West Kent General Hospital.

SKRIMSHIRE, F. W., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the Morpeth Urban Sanitary Authority.

SOUTHEY, Albert J., M.R.C.S. Eng., L.S.A., reappointed Medical Officer to the Colnbrook District, Eton Union.

STEER, Adam Wm. Thorburn, M.R.C.S., M.R.C.P., L.S.A., appointed Medical Officer to Penzance Union Workhouse, Madron; and Medical Officer and Public Vaccinator to No. 1 District, Penzance Union.

TAYLOR, L. A., M.R.C.S. Eng., L.R.C.P. Edin., D.P.H. Lond., appointed Medical Officer and Public Vaccinator for Brierley Hill District of Stourbridge Union, vice G. Ashmead, M.R.C.P., L.R.C.S. Edin., deceased.

TURNER, E. O., M.B. Lond., M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant House-Surgeon to the Liverpool Northern Hospital, vice F. Liddell, M.B., C.M. Edin., resigned.

WATSON, W. I., M.B. Lond., M.R.C.S. Eng., appointed Temporary Medical Officer to the Northern District, Brighton Union, vice J. H. Ross, deceased.

WOODHOUSE, Stewart, M.D., F.R.C.S. Irel., M.K.Q.C.P. Irel., appointed to succeed Dr. O'Farrell on the General Prisons Board, Dublin.

RASTRICK (Population, 9,592).—*More Air-Space and Ventilation Needed in Dwellings*.—There was a notable decrease in the death-rate of this district for 1888, the rate having fallen from 19.7 per 1,000 in 1887 to 16.5 in 1888. This is the lowest rate that has ever been recorded for Rastrick. The other rates were equally favourable. Dr. Bond attributes much of this improvement to climatic conditions, November and December being especially very mild, and the whole year being marked by evenness of temperature. Scarletina was somewhat prevalent, as was also whooping-cough; but measles was almost absent. Chest diseases are the most frequent causes of death, nearly one-third of the total mortality being attributable to them. These diseases must always be important factors in the causation of death, where people are exposed to constant inhalation of irritating material when at work; but there is no doubt they could be lessened by more air-space in houses, through ventilation, and purer subsoil air.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn: On External Diseases of the Eye. Hospital for Sick Children, Great Ormond Street, W., 4 P.M.—Dr. Barlow: On Infantile Paralysis.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Clinical evening. Cases:—Dr. Theodore Williams: Case of Tubercular Basic Cavity. Mr. Watson Cheyne: Case of Operation for Undescended Testicle. Dr. Herschell: Case of Thomsen's Disease. Dr. Hale White: Case of Thomsen's Disease. Mr. Hurry Fenwick: Case of Complete Epispadias. Mr. Pye: Case of Removal of Internal Semilunar Cartilage for Derangement of Knee. Dr. Angel Money: (1) Case of Heart Disease with Nervous Symptoms. (2) Case of Instrumental Indentation of Frontal Bone.

TUESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Mr. Jonathan Hutchinson: On Herpetology.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, 8.30 P.M.—(Agenda not received.)

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. J. Kingston Fowler: On the Diagnosis of Valvular Disease of the Heart. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. W. Lang: Ophthalmoscopic Cases.

THURSDAY.

LONDON POST-GRADUATE COURSE, Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, 2 P.M.—Dr. Ormerod: On Electrical Testing. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Barlow: On Infantile Paralysis.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M.—Patients and card specimens at 8 P.M. Mr. Treacher Collins: On Glaucoma after Extraction of Cataract. Dr. Berry (Edinburgh): (1) Demonstration of a new Stereoscopic Phenomenon, and the possible Clinical Uses to which it might be put. (2) Note on a Puerile Chorioiditis occurring Months after a Successful Cataract Extraction. (3) Note on the Immediate and Remote Effects of Tenotomy on the Lateral Movements of the Eye. (4) Note on the Simplest Means of Determining the True Relation between Accommodation and Convergence. Card Specimens:—Dr. Edridge-Green: Colour Tests. Mr. Lang: Retinitis Pigmentosa (early stage). Mr. Stanford Morton: Case of Alexia. Dr. Collins: Retinitis Albuminurica. Mr. Lindsay Johnson: Congenital Corneal Growth. Mr. Browning: Associated Movements of the Upper Eyelids with the Internal Recti.

FRIDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. J. Kingston Fowler: On the Diagnosis of Valvular Disease of the Heart.

SATURDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 2 P.M.—Dr. J. F. Payne: On Acne; its different Forms.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which should be forwarded in stamps with the announcement. The first post on Thursday mornings is the latest by which advertisements can be received.

BIRTHS.

JONES.—On January 15th, at Llanfairtalhaiarn, Denbighshire, the wife of I. Owen Jones, M.B., of a son.

RECKITT.—On Jan. 15th, at Boston, Lincolnshire, the wife of Ed. B. Reckitt, L.R.C.P. Edin., of a son.

SCHOLEFIELD.—January 19th, at 253, Lytham Road, South Shore, Blackpool, the wife of G. E. Scholefield, M.D., of a son.

WEBBER.—On January 22nd, at 8, Kensington Crescent, W., the wife of William Littleton Webber, F.R.C.S., of a son.

MARRIAGE.

BORROWMAN—MACKINTOSH.—At St. Andrew's Church, Colombo, on the 25th November, by the Rev. J. Burnet, military chaplain, Philip Grierson Borrowman, M.B. Edin., son of the Rev. Patrick Borrowman, Glencairn, to Elizabeth Gordon Mackintosh, daughter of the late Rev. Charles Calder Mackintosh, D.D., of Tain and Dunoon.

MACALISTER—CARTER.—At Prince's Gate Baptist Chapel, Liverpool, by the Reverend Robert Lewis and D. P. McPherson, B.D., Charles J. Macalister, M.B., C.M., of Liverpool, to Anna Frances Sandwith Carter, elder daughter of William Carter, M.D., also of Liverpool.

DEATHS.

BAYLIFFE.—On the 8th January, at Bournemouth, Alworth Merewether Bayliffe, M.R.C.S., L.S.A., late of Brent Knoll, Somerset, aged 45.

GREEN.—On New Year's Day, at Bordighera, after a protracted illness, borne with great patience and resignation, Thos. Beaufoy Green, eldest son of the late Thomas Green, M.B. Lond., of Kendal.

A TELEGRAM from Alexandria, under date of January 22nd, states that Surgeon Parke, the medical officer of Mr. H. M. Stanley's expedition, has arrived there, and has been warmly welcomed by numerous friends.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. S., 2.

CENTRAL LONDON OPHTHALMIC. *Operation Days.*—Daily, 2.

CHARING CROSS. *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operation Days.*—M., 3; Th. 2.

CHELSEA HOSPITAL FOR WOMEN. *Hours of Attendance.*—Daily, 1.30. *Operation Days.*—M. Th., 2.30.

EAST LONDON HOSPITAL FOR CHILDREN. *Operation Day.*—F., 2.

GREAT NORTHERN CENTRAL. *Hours of Attendance.*—Medical and Surgical, M. Tu. Wed. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day.*—W., 2.

GUY'S. *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F. 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 1.30; Throat, F., 1. *Operation Days.*—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.

HOSPITAL FOR WOMEN, Chelsea. *Hours of Attendance.*—Daily, 10. *Operation Days.*—M. Th., 2.

KING'S COLLEGE. *Hours of Attendance.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., W. F., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days.*—Tu. F. S., 2.

LONDON. *Hours of Attendance.*—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.

METROPOLITAN. *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 9.

MIDDLESEX. *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9, W. 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th. 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1, S., 2; (Obstetric), W., 2.

NATIONAL ORTHOPÆDIC. *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.

NORTH-WEST LONDON. *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F. 9. *Operation Day.*—Th., 2.30.

ROYAL FREE. *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th. 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

ROYAL LONDON OPHTHALMIC. *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.

ROYAL ORTHOPÆDIC. *Hours of Attendance.*—Daily, 1. *Operation Day.*—M. 2.

ROYAL WESTMINSTER OPHTHALMIC. *Operation Days.*—M. Th. F., 1.30; Tu. W. S., 2.

ST. BARTHOLOMEW'S. *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.

ST. GEORGE'S. *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th. 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu., S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.

ST. MARK'S. *Hours of Attendance.*—Fistula and Diseases of Rectum, males, W., 8.45; females, Th., 8.45. *Operation Days.*—M., 2, Tu. 2.30.

ST. MARY'S. *Hours of Attendance.*—Medical and Surgical, daily, 1.45, o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrotherapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days.*—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.

ST. PETER'S. *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. *Operation Day.*—W. 2.30.

ST. THOMAS'S. *Hours of Attendance.*—Medical and Surgical, daily, except Sat., 2; Obstetric, Tu. F., 2; o.p., W., 1.30; Eye, M. Tu. W. Th. F., 1.30; o.p., daily, except Sat., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2.

SAMARITAN FREE FOR WOMEN AND CHILDREN. *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.

THROAT, Golden Square. *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30. *Operation Day.*—Th., 2.

UNIVERSITY COLLEGE. *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operation Days.*—W. Th., 1.30; S., 2.

WEST LONDON. *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.

WESTMINSTER. *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

On seeing her, however, a month after the accident, I was struck with the valvular, stridulous breathing and brassy phonation, and on further inquiry I found there was a persistent soreness at the top of the left lung, pain on stooping, and partial aphonia in the mornings. Feeling convinced that all the bone was not ejected, I tried again to get her to accompany me to the surgeon; but persuasion was futile. So the case dragged on, and all the nostrums took their turn in a trial, until, at the expiration of five months and a fortnight, she coughed up a complete vertebra of a rabbit, measuring at its largest diameter three-quarters of an inch.

Perhaps, next to a carious jagged tooth with a suppurating pulp, or a fish-hook, no worse object could possibly have entered the rima, and it seems remarkable, on viewing the needle-like spinous process, that critical inflammatory symptoms had not supervened during its presence or spasm during its attempted exit. Immediate relief from the severe symptoms was the result, and she was once more able to sleep with comfort on her left side. It is noteworthy that the patient possesses a very vaulted palate, and I have thought it possible that a suddenly violent inspiration in such deformities might cause a foreign body to be "focussed" by the rebounding air just into the intruding mæstrodium that surrounds the temporarily paralysed laryngeal muscles.

THE CLIMATE OF BEXHILL-ON-SEA.

DR. EDWARD H. RYAN-TENISON, F.R.Met.Soc. (Bexhill-on-Sea) writes: I beg to enclose the following data concerning my meteorological work at Bexhill-on-Sea during the year 1889. Most of the work is from personal observation, but the results are, on the whole, sufficiently accurate to make me feel that this younger member of the English seaside health resorts has a right to rank high. The days on which rain fell are by no means all of them rainy all day. The average rainfall for the past eleven years has been 28 inches per annum. The prevailing wind resultant is S.W. to N.E.; the S.W. is usually present in the form of strong sea breeze, but the N.E. is seldom more than a pleasant land breeze.

	Hours of Sun- shine from Personal Observation.	Mean Tempera- ture.	Number of days on which any Rain Fell.	Prevailing Winds.		
January ...	64 ³ / ₁₀ ...	40° ...	14	W. 13	...	E. 14
February ...	77 ³ / ₁₀ ...	39.5° ...	23 (snow on 12)	W. 15	...	E. 11
March ...	116 ...	40.5° ...	17 (snow on 3)	W. 15	...	E. 12
April ...	152 ...	45° ...	21	W. 12	...	E. 9
May ...	242 ...	55° ...	11	W. 6	...	E. 7
June ...	292 ³ / ₁₀ ...	61° ...	5	W. 11	...	E. 12
July ...	249 ³ / ₁₀ ...	61° ...	18	W. 21	...	E. 6
August ...	245 ³ / ₁₀ ...	59.5° ...	18	W. 25	...	E. 3
September ...	230 ³ / ₁₀ ...	55.5° ...	6	W. 16	...	E. 10
October ...	139 ...	50° ...	24	W. 27	...	E. 3
November ...	84 ³ / ₁₀ ...	40° ...	3	W. 8	...	E. 8
December ...	86 ³ / ₁₀ ...	38.5° ...	14	W. 17	...	E. 9
Total ...	1,979 ³ / ₁₀	Mean 49.125°	Tots. 170	W. 186	...	E. 104

PATIENTS' STATEMENTS.

EVERY practitioner knows how frequently patients and their friends, owing to a want of acquaintance with medical terms, entirely misrepresent the opinions expressed by their medical advisers. A ludicrous instance is given by a correspondent of the *Boston Medical and Surgical Journal*. A young woman applied for treatment on account of defective vision. After an examination, she was told that she was suffering from retinal separation in the right eye. The report spread by her friends, however, was that "the doctors have all concluded that the matter with Sophia's eye is a suppuration of the lining of her rectum."

Such a blunder is so extremely absurd that it could do no harm, but very often the misrepresentation is less gross, and we suspect that in many cases practitioners have suffered in reputation both with the public and the profession. The greatest caution ought invariably to be exercised in accepting the statements of patients as to the opinions expressed by their previous advisers.

ERRATUM.—In Dr. A. D. Keith's letter on "The Forceps: a Death-Trap," in the *JOURNAL* of January 18th, second line, for "describes" read "desiderates."

COMMUNICATIONS, LETTERS, etc., have been received from:

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BOOKS, ETC., RECEIVED.

Outlines of the History of Medicine and the Medical Profession. By Joh. Hermann Haas, M.D. Translated, and, in conjunction with the author, revised and enlarged, by H. E. Handerson, M.A., M.D. New York: J. H. Vall and Co. 1889.

Faith Cures: their History and Mystery. By Aurelius J. L. Gliddon. London: "Christian Commonwealth" Publishing Co. 1890.

Étude sur la Syphilis et son Traitement. Par le Dr. Simon Smirnoff. Paris: G. Masson.

Original Contributions to Ophthalmic Surgery. By J. R. Wolfe, M.D., F.R.C.S.E. London: J. and A. Churchill. 1890.

Cancer of the Rectum. By Harrison Cripps, F.R.C.S. London: J. and A. Churchill. 1890.

Sewer Ventilation and Sewage Treatment. By R. Harris Reeves. London: Sinclair, Tweedie, and Co. 1890.

Casulistique et Diagnostic Photographique des Maladies de la Peau. Par le Dr. D. Van Haren Noman. Part I. London: Henry Renshaw. 1890.

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